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IN THIS ISSUE:

JULY 2024

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NEW ZEALAND STOMAL
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Chairperson's Report

MAREE WARNE

Dear Members

Welcome to the first edition of The Outlet from your new committee.

Preeti and I would like to warmly welcome Jillian Woodall (Secretary), Erica Crosby (Co-editor), Fran Horan (Treasurer) and Cathy Enright (WCET Delegate). Without their contribution, we would not be able to continue as a College and represent you and Stomal Therapy in New Zealand. So, our deepest gratitude for volunteering their time and future effort. In addition, I would like to offer our profound appreciation to our outgoing Committee members, Emma Ludlow, Marie Buchanan, Holly Dorizac and Christina Cameron, thank you for commitment, hard work and ongoing support.

There is quite a process for committee members to come to know what the work of the committee is, the requirements set by NZNO and the specific roles, the goals of the College and what has already been achieved and what still needs to be progressed.

After an amazing Conference earlier this year, the Committee is now focused on two main areas for the coming year. Updating the National Service and Specification document that guides Stomal Therapy Services across New Zealand. With the aim of consultation with stakeholders later this year or early 2025. Finally, ensuring Stomal Therapy in New Zealand is involved in appropriate and meaningful consultation with Pharmac in regards to Medical Device Management. Erica and I attended a meeting with Pharmac in May and I will be presenting with David Barnes, the Secretary of the Ostomy Federation, the clinical and patient perspectives related to this at the HealthTech Conference this month in Auckland. I will feed back to you all in the next edition on our progress in this area. As you are all aware, too many changes in our access to products will have a significant effect on our patients and the health system.

We continue to support the Bernadette Hart Scholarship and are happy to announce that we continue in our collaboration with Coloplast to offer the Patricia Blakely Scholarship this year. Please see details of both these opportunities towards the end of this journal.

Finally, promotion of Stomal Therapy and Stomal Therapy Nursing is the committee's all-encompassing focus. Our aim is to promote Stomal Therapy Nursing to those with a special interest or passion for all things stoma. Our purpose is to support you and help you grow as practitioners.

Maree Warne

Nurse Profile

JILLIAN WOODALL
OSTOMY NURSE
TE WHATU ORA, DUNEDIN/OTAGO

I am part of the Stoma Therapy Nurse team based in Dunedin, Otago.

I came to Stomal Nursing via several years of District Nursing in a provincial/ rural area (South Canterbury). There I was inspired by the passion and knowledge of the Stoma nurses, and was very keen to pursue this rather niche area of nursing.

I love the nature of our work- part coach, part cheerleader, part advocate for our clients, the technical puzzle of finding the right products etc. and I am constantly amazed by what our clients teach us. In addition to Stoma Therapy, I work as an Oncology District Nurse (the commute is a very short one, just across the hallway!), and am enjoying the broad picture this gives me of many of our Stoma clients' journeys.

Outside of work, I follow my passion for languages, geography, music, photography, antique hunting.

I look forward to working with the committee, to help ensure our voices are heard, and our clients receive the very best of care.

Nurse Profile

FRANCES HORAN
STOMAL THERAPY NURSE
NURSE MAUDE, CHRISTCHURCH

Having commenced my nursing career within the surgical field I found my niche in stoma care.

I worked as a Stoma Care Nurse for 15 years in England before immigrating to New Zealand and working as District Nurse for 10 years. In 2022, I was able to return to my passion of Stoma Therapy Nursing and now work for Nurse Maude in Christchurch.

I continue to enjoy providing care, support and education throughout the whole Patients journey.

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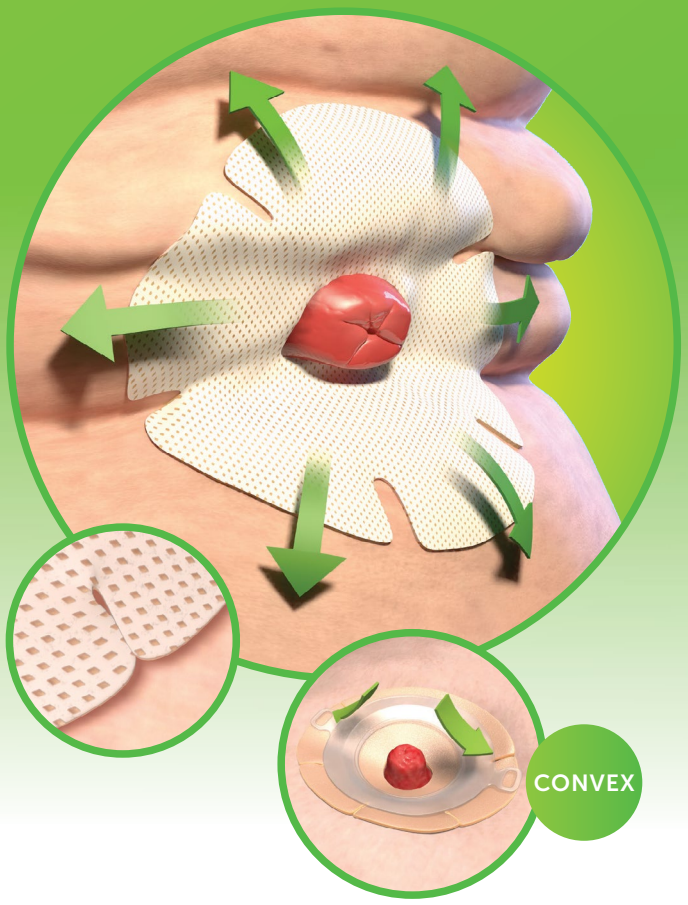

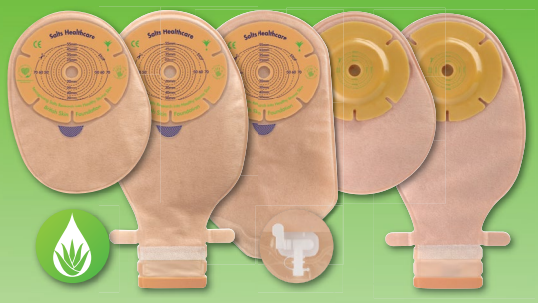

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Editors' Report

ERICA AND PREETI

Welcome to the July 2024 edition of "The Outlet".

Winter has arrived, so to our hard working members keep warm and look after yourself so we can do what we do the best in our everyday life.

Welcome to all our new committee members:

Erica Crosby, Cathy Enright, Jillian Woodall and Fran Horan and our new Chairperson Maree Warne.

We are able to produce and distribute "The Outlet" to our members due to the ongoing support from our Trades, so thanks for your advertising and sponsorship- we greatly appreciate you all. To all the members we encourage you to connect with the company representatives and keep up to date with the latest products and developments.

We continue to advertise for the awards and grants from which our members can benefit from. The funds can be used for conferences and education towards Stomal Therapy Nursing. Please see the criteria for each award/ grant when applying.

Preeti Charan **Erica Crosby**

Please remember:

This is YOUR journal and college, it cannot function with just a few people supporting or contributing to it. The committee are all still working within their roles and putting in their own time to ensure these supports continue to be available to you all. PLEASE SUPPORT us through participating, submitting articles and/or profiles when approached. We are all fabulous storytellers and have a wealth of knowledge to share with a unique passion for what we do. We encourage and support all collage members to show case their work in The Outlet so other nurses can benefit and learn from your work. Please just give it a go.

We will continue to provide an update on coming up projects the NZNOCSTN will be involved in coming months.

CALLING FOR SUBMISSIONS

We know there are A LOT of patients that have benefitted from the expertise and persistence of Stomal Therapists or those nurses with an interest in caring for people with a stoma or fistula. WE WANT YOUR STORIES for this journal. Spread your good work for the benefit of others. We would LOVE to hear from you. Please send your submissions to either:

Please send your submissions to either:

- Preeti.charan@waitematadhb.govt.nz or
- Erica.Crosby@middlemore.co.nz

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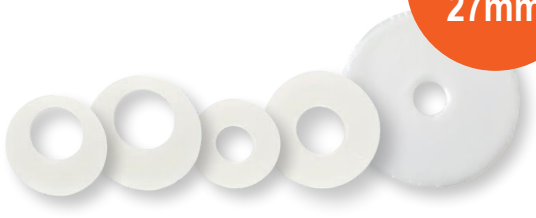

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Nurse Profile

CARLA BUTLER
CLINICAL NURSE SPECIALIST
TE WHATU ORA, NORTHLAND

I completed my degree in 1998 in Whangarei. My class, were the first contingent to complete the degree programme through what was then Northland Polytech. I started my nursing degree when I was 16, fresh out completing my sixth form year (year 12) at school.

My first role was as a general nurse based at Bay of Islands (BOI) hospital. Here we were expected to staff the A & E, General ward and the Paediatric wing. Working in BOI was a sink or swim experience, we did not have Drs on site after hours, and being a regional hospital had to deal with a wide variety of complex presentations with limited resources, or specialized staff. I loved the opportunity to have to think critically on my feet, and the autonomy this provided.

Here I developed a love of paediatrics and whilst here completed my postgraduate Certificate in Paediatrics. This was particularly helpful because it gave me the confidence to care for the complex paediatric patients that would present at our door.

My mother had decided to complete the Nursing degree once I had finished based on how rewarding I had found the experience. Together we wanted to make a real difference, create positive change and improve outcomes for patients and their families. We decided to purchase Mountain View Retirement home, a small 20-bed facility on the outskirts of Whangarei.

We felt strongly that care should be centred on resident's preferences, needs and routines. Being a small facility meant that we were directly involved in all aspects of the residents care and in many ways the residents became an extension of our own family.

It was during my time here that I attended a professional development day where a Northland Nurse Practitioner spoke. One of challenges that we faced in the rest home was timely access to medical care. Often if a resident had an issue after hours we would have to send them to ED, even in some instances when they did not want active management rather symptom relief for a chronic condition. These combined factors compelled me to begin studying along a Nurse Practitioner pathway.

After 7 years of ownership the 7 days a week, 24hrs per day nature of running the rest home began to take its toll, so we decided to sell. I wanted to get back into the DHB, so I took on a DN role in Whangarei, originally I thought this would be stop gap job until I was able to secure a specialist gerontology position.

Interestingly enough I loved being a District Nurse, I loved the autonomy the role provided, I loved having the think critically and problem solve. Not long into my new role I was offered the sole charge position based down in Mangawhai, closer to where I lived. I was working in communities where I had raised my children, so often new the patients and their families. This afforded me some insight into the challenges that they faced accessing care. The role was varied, challenging, and included care of patients with stoma, laryngectomy, catheter management, feeding tubes, port/PICC line management and wound care.

During this period, I continued with my post-graduation studies and eventually achieved my master of Nursing. My desire to become a Nurse practitioner remained and I realized that I would be unable to fulfill this goal staying sole change in Mangawhai. Thus, I applied and was successful in getting the Clinical Nurse Specialist (CNS) for stoma role. This role includes care of stoma, feeding tubes laryngectomy and tracheostomy patients. It is a Northland wide role, and I work alongside Rachel Pasley CNS-stoma. Rachel is a very specialized nurse who has lots of experience, and is highly regarded in the stoma field. I consider her to be my mentor and I value her input very much. I look forward to facing this new challenges and broadening my knowledge around stoma care.

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The Importance of Maintaining Skin Structure at a Cellular Level and the Role of Ceramides

Penny De Winter CNC STN
Community Nursing and Home Care Services, Bendigo Health

Background & History:

A seventy-eight-year-old female presented for a routine outpatient visit late in 2019 with a complaint of her ostomy pouch not sealing to her skin. She has a past history of rectal adenocarcinoma and underwent an abdomino-perineal resection (APR) at a tertiary hospital in 2016. She had no other pre-existing conditions or was taking any medications known to cause skin irritation. She reported feeling anxious and upset as she was not able to pursue her usual social activities which she described as having a profound impact on her quality of life.

On examination, the pouch was held in place with multiple pieces of tape to try and stop it from lifting. There were well demarcated areas of erythema extending beyond the confines of the skin barrier which were intermittently itchy but not painful. *(See Figure 1)*

The stoma was flush, round with a central os, and 25mm in diameter. A deep skin crease extended from the medial edge of the stoma to her umbilicus making it essential to use some form of convexity for correct fit. She was currently using a soft convex closed pouch infused with a moisturiser (aloe vera) as part of the ingredients in the skin barrier. Her application technique was satisfactory. She had not recently changed soap or cleaning products and she used a pH neutral cleanser to bathe. She was not allergic to the tape and reported no other skin rash or symptoms. She was highly resistant to changeover to another product, having used the current pouch for over twelve months.

A diagnosis of an inflammatory skin condition, most likely atopic dermatitis, was made and a potent topical cortico-steroid lotion (Mometasone furoate 0.1%) was ordered and prescribed for daily application. The lotion does not affect pouch adhesion due to its liquid formulation. The topical steroid may be applied once daily for up to 3 to 4 weeks with cessation advised following resolution of red, moist skin patches.

Review occurred at one week where there had been a partial response with less erythema noted. *(See Figure 2)* The pouch was still not adhering well to the remaining areas of erythema and she was still applying tape to keep the pouching system fixed to her abdomen. Due to only partial response, she was amenable to trialing another pouch that contained different ingredients. A pre-cut soft convex bag with a humectant, Manuka honey, was applied.

Further review in one week showed further improvement with use of the new barrier with a humectant – Manuka Honey. *(See Figure 3)* The moist areas of skin had resolved and there was less erythema however she continued to complain of itchiness.

She was agreeable to trial a second pouch containing a different formulation in the skin barrier that is infused with ceramide – CeraPlus skin barrier with Remois Technology*. She was again reviewed at one week and was found to have complete resolution of the atopic dermatitis with healthy appearing peristomal skin and no symptoms. *(See Figure 4)* She also reported being extremely happy with the new pouch and was keen to change over. She was able to engage again in her usual social activities and no longer felt anxious.

Discussion

Stoma patients are dependent on the integrity of the peristomal skin to maintain a normal lifestyle. Loss of skin integrity can be related to:

- Chemical injury
- Mechanical destruction
- Infectious conditions
- Immunological reactions
- Disease related[1]

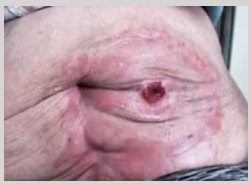

Figure 1 Initial Presentation

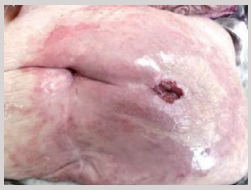

Figure 2 At Week 1. Initial treatment with topical cortico-steroid with usual skin barrier containing an emollient.

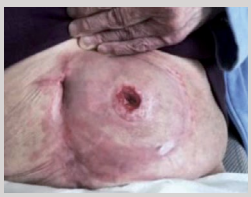

Figure 3 At Week 2. Partial Response to treatment with topical cortico-steroid and skin barrier with humectant. Discontinued use of topical cortico-steroid.

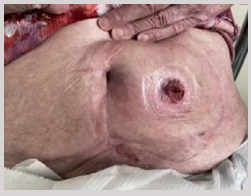

Figure 4 At Week 3. Full response to management with the use of a skin barrier infused with ceramide.

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LEVEL OF EVIDENCE - CASE STUDY

The Importance of Maintaining Skin Structure at a Cellular Level and the Role of Ceramides

Peristomal skin damage from any of the above can impair pouching system adhesion resulting in leakage. Skin barriers are formulated to provide a barrier to the peristomal skin by maintaining moisture balance by absorbing stoma effluent and sweat. Many of today's skin barrier formulations also help to maintain the epidermal structure by inclusion of a moisturiser. There are four types of moisturiser:

- **Humectants** – hydrate the skin by attracting and binding water e.g. Honey
- **Emollients** – hold water between the epidermal cells with decreases trans-epidermal water loss (TEWL) e.g. Aloe Vera
- **Occlusives** – seal moisture into the skin by creating a barrier e.g. Beeswax
- **Ceramides** – waxy, lipid molecules that link cells together in the stratum corneum to form a waterproof, protective barrier[2]

Manufacturers of ostomy products now include moisturisers in some skin barriers. Hollister incorporates ceramides (CERs) in the CeraPlus skin barrier range. CERs boost moisture density by not only decreasing TEWL as humectants, emollients and occlusive do, but also promote a healthy lipid matrix within the first layer of the epidermis, the stratum corneum (SC).[3,7,8]

CERs are crucial to the function of this lipid matrix and play a fundamental role in maintaining the barrier function of the skin.[3] The amount of CERs decreases with age. Ostomy patients are at increased risk for decreased levels of CERs due to skin occlusion, exposure to stoma effluent and/or skin stripping due to skin barrier removal, increasing the risk to chemical, mechanical, infectious and immunological reactions. Most skin disorders that have a diminished barrier function such as atopic dermatitis, present with a decreased total ceramide content.[4,8] Formulations containing CERs can improve skin conditions by increasing the amount of CERs in the SC.[5]

The patients first response to poor pouch adhesion is often to change their pouching system more frequently causing decreased levels of CERs, initiating a cycle of increased skin reactions. In the case described, atopic dermatitis is characterised by disruption of the lipid matrix due to reduced CER levels.[4,7,8] Providing a product infused with CERs to the SC, appeared to break this cycle, and quickly promoted healthy peristomal skin.

Conclusion

Not all infused skin barriers are the same. The most significant issue that occurs with peristomal skin is the loss of skin integrity which affects the adhesion of the pouching system and can lead to skin injury. Providing a CER infused skin barrier to the skin is highly effective in promoting healthy skin, particularly within the lipid matrix in the SC. Skin barriers that contain CERs, are designed to help maintain the adhesive properties of the barrier, while helping maintain healthy peristomal skin. Further, CER infused barrier have been demonstrated to better decrease TEWL from damaged/eroded skin and help protect the skin's natural moisture barrier.[6] These skin barriers are a useful product to promote healthy, robust peristomal skin both in prevention and management of skin disorders.

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References

1. Nybaek, H & Jemec, GB 2010, *Journal of The European academy of Dermatology and Venereology*, vol. 24, no.3, pp. 249-57.
2. Herlufesen, P, Carlsen, A, Bente & Nybaek, Hanne & Karlsmark, Tonny & Laursen, Troels & Jemec, Gregor, 2006, 'Study of peristomal skin disorders in patients with permanent stomas', *British Journal of Nursing*, vol.15, pp. 854-62.
3. Wartewig, S, & Neubert, RHH 2007, 'Properties of ceramides and their impact on the stratum corneum structure: A review', *Skin Pharmacol Appl Skin Physiol*, vol. 20, pp. 220–229.
4. Sugiura, A, Nomura, T, Mizuno, A & Imokawa, G 2014. 'Reevaluation of the non-lesional dry skin in atopic dermatitis by acute barrier disruption: An abnormal permeability barrier homeostasis with defective processing to generate ceramide', *Arch Dermatol Res*, vol. 306, no. 5, pp. 427-40.
5. Coderch, L, López, O, de la Maza, A, & Parra, JL 2003, 'Ceramides and skin function', *Am J Clin Dermatol*, vol. 4, no. 2, pp. 107-29.
6. Berger, A, Inglese, G, Skountrianos, G, Karlsmark, T & Oguz, M 2018, 'Cost-effectiveness of a ceramide-infused skin barrier versus a standard barrier', *J Wound Ostomy Continence Nurs.* Vol. 45, no. 2, pp. 146–155.
7. Sahle, F, Gerbe-Mariam, T, Dobner, B, Wohlrab, J, & Neubert, R 2015, 'Skin diseases associated with the depletion of stratum corneum lipids and stratum corneum lipid substitution therapy', *Skin Pharmacol Physiol*, vol. 28, pp. 42-55.
8. Imokawa, G, Ishida, K 2014, 'Role of ceramide in the barrier function of the stratum corneum: Implications for the pathogenesis of atopic dermatitis', *J Clin Exp Dermatol,* vol 5, no. 1.

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Disclaimer: This case study represents this nurse's experience in using the Hollister CeraPlus Products with the named patient, the exact results and experience will be unique and individual to each person.

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Purple urine bag syndrome: to treat or not to treat

BY FREZZIA PINTO
DISTRICT NURSE, HEALTH NEW ZEALAND,
TE WHATU ORA AUCKLAND

INTRODUCTION

Successfully managing Purple Urine Bag Syndrome (PUBS) may not be as dramatic as its appearance but it will greatly influence better health outcomes for patients.

Purple Urine Bag Syndrome (PUBS) is an atypical occurrence where people with urinary catheters or urostomy have purple discolouration in their catheter tubing, drainage bags or stoma appliance. This phenomenon has been initially reported in 1978 on medical literatures as a visually striking sign of urinary tract infection (UTI)[1]. Although this is rare, its prevalence is approximately 9.8% for institutionalised patients with long-term urinary catheter use or the presence of urostomy[3]. Despite this alarming purple discoloration, PUBS is often misdiagnosed and untreated which greatly impacts patient's health and their families.

The aim of this article is to provide better understanding of PUBS and propose methods to effectively manage and prevent its recurrence.

CONFLICT OF INTEREST

The writer has no conflict of interest to declare.

WHAT IS PURPLE URINE BAG SYNDROME (PUBS)?

PUBS is a typical complication of urinary tract infection caused by specific bacteria that metabolises by-products of tryptophan[3]. The majority of these microorganisms are gram negative bacteria[3]. The identified risk factors of PUBS include:

- Elderly
- Female gender
- Increased tryptophan in diet
- Alkaline urine
- Chronic constipation
- Prolonged catheter or ostomy appliance use
- Poor hygiene
- Institutionalization
- Reduced mobility
- Renal failure
- Dehydration
- Recurrent UTI

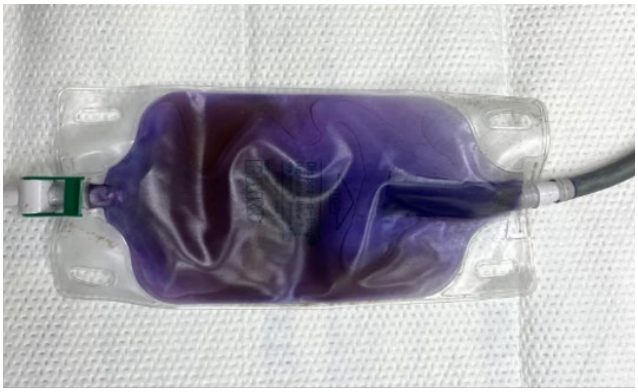
PUBS has a higher relative morbidity compared to UTIs that do not present with the purple discolouration of the catheter bag, tubing, and ostomy appliance. Complications due to multidrug resistance makes it challenging to treat the infections causing PUBS[4]. Often, the benign presentation of the disorder results in delayed treatment accompanied by antibiotic resistance leading to the increased mortality rates associated with PUBS[4].

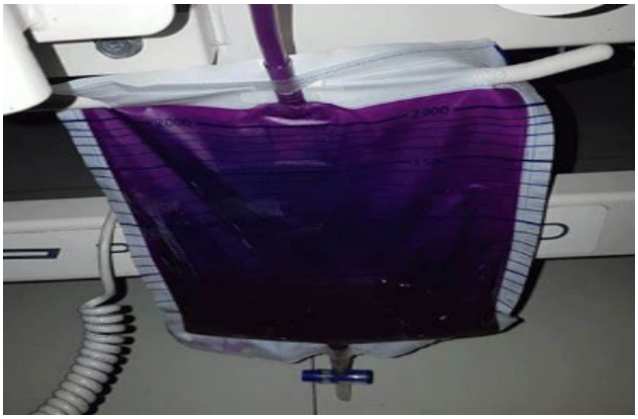
Although PUBS is common in some settings, often it is also misdiagnosed due to the array of health conditions that result in urine discolouration. These include haemoglubinuria; consumption of food dyes, blackberries and beets; porphyria; and administration of drugs such as indomethacin, flutamide, and mitoxantrone[4]. Thus, holistic assessment including determining dietary intake and a medication review are crucial to properly diagnosing PUBS.

HOW DOES PUBS OCCUR?

Tryptophan is the major contributor for the pathophysiology of PUBS. It is an alpha-amino acid responsible in the biosynthesis of serotonin, melatonin, and Vitamin B3[5]. Foods rich in tryptophan include dairy products, poultry, fish, pumpkin and sesame seeds, tofu and soy [6].

With consumption of these foods, tryptophan is metabolised in the gut flora into indole [2]. Indole diffuses into the portal circulation travelling to the liver where it undergoes hepatic metabolism converting to indoxyl sulphate (indican)[2]. Indoxyl sulphate is excreted from the systemic circulation into the renal system[2]. In a presence of a UTI, the culprit bacteria secrete enzymes such as indoxyl sulphatases and phosphatases commonly in an alkaline urine [7]. These bacterial enzymes oxidise indoxyl sulphate into indoxyl upon contact with the renal system resulting in the production of two pigments: Indigo (blue hue) and Indirubin (red hue)[7]. The mixture of these two pigments is responsible for the discolouration reaction to the plastics of the polyvinylchloride (PVC)-containing catheter tubing, drainage bag and ostomy appliances.[4]

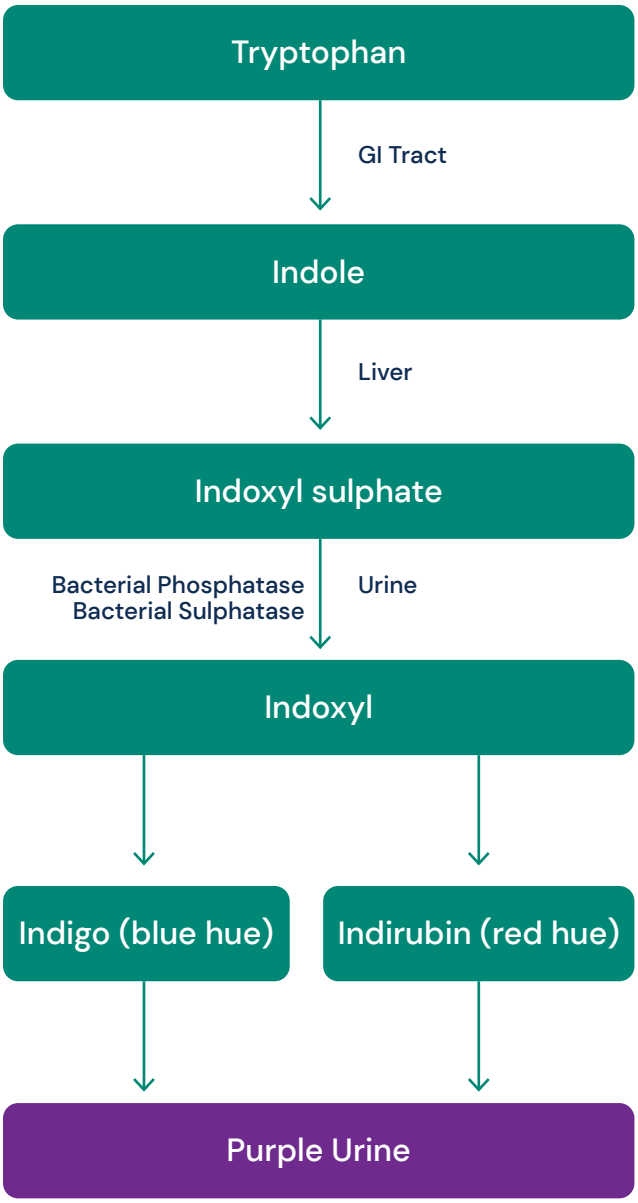




WHAT ARE THE SIGNS AND SYMPTOMS OF PUBS?

People with PUBS are generally asymptomatic apart from the obvious discolouration of the catheter tubing, drainage bags or ostomy appliance which is often noted by families or healthcare workers for institutionalised patients[2]. The following signs and symptoms have also been associated with PUBS:

- Increased bladder spasms
- Mild lower back pain
- Nausea
- Cloudy urine
- Foul odour urine
- Headache
- Fevers and chills
- General malaise



HOW TO DIAGNOSE PUBS?

Upon observation of this striking presentation of PUBS, holistic assessment, medication review, dietary intake assessment and urine examination should be done to avoid misdiagnosis of this condition. In a routine urine examination, the urine collected appears dark brown or turbid. This sample should be checked for pH using urine dipstick as most PUBS will result to an alkaline urine[2]. Urine microscopy, culture and sensitivity (MC&S) should be done to determine the causative micro-organism[2]. In addition, serum urea and electrolytes review are also necessary as dehydration can contribute to increased serum indoxyl sulphate levels in the urine[4].

The following microorganisms have been identified to produce indoxyl sulphatases and phosphatases which can be identified using urine MC&S:

- Providencia stuartii and rettgeri
- Pseudomonas aurigunosa
- Proteus mirabilis and vulgaris
- Escherichia coli
- Klebsialla pneumoniae
- Enterococci
- Morganella
- Citrobacter species
- Group B Streptococci

HOW TO MANAGE PUBS?

Despite the dramatic manifestation of PUBS, management of the disorder is straightforward. Replacement of new catheter tubing, drainage bag or ostomy appliance will eliminate the possible source of the causative microorganism. In a study conducted, an average of 65 days showed the duration of the last catheter change until the first appearance of PUBS[2]. Thus, scheduling the frequency of catheter change to every 6 to 8 weekly, drainage bag changed weekly, and ostomy appliance change twice weekly is ideal to prevent recurrence of the infection.

Alongside catheter and appliance replacement, antibiotic therapy following urine MC&S is beneficial to reduce re-growth of the culprit bacteria[2]. This reduces recurrence of UTI complications such as PUBS. Although antibiotic therapy is favourable in treating the infection, it will depend on the clinician's decision as limited guidelines exist in managing PUBS due to being asymptomatic[4]. Thus, routine urine inspection should be continuously done to monitor early progression of UTI.

Proper catheter or urostomy appliance care and sanitation techniques are necessary to minimize the risk of developing UTI[2]. Healthcare care workers responsible for changing catheters should maintain aseptic technique and concise education should be provided to patients who independently manage their ostomy appliance or catheter supplies.

Well-balanced diet, adequate hydration, and good bowel habits should be established to reduce relapse of constipation and dehydration which are major contributing factors in developing PUBS[2].

CONCLUSION

PUBS is an atypical complication of urinary tract infection and if not timely managed may result to increased morbidity and mortality to affected patients. Thus, changing the urostomy and catheter supplies in a regular basis with adherence to proper care and sanitation reduces the recurrence of PUBS. For these asymptomatic patients, treating the underlying medical condition rather than focusing on the purple bag alone is fundamental for its holistic management. Education to patients and caregivers independently managing their supplies should be highlighted to prevent unwanted infections.

REFERENCES

1. Peters, P., Merlo, J., Beech, N., Giles, C., Boon, B., Parker, B., Dancer, C., Munckhof, W., & Teng, H. S. (2011). The purple urine bag syndrome: A visually striking side effect of a highly alkaline urinary tract infection. Canadian Urological Association Journal, 5(4), 233–234. https://doi.org/10.5489/cuaj.10177
2. Neniwal, V. K., Swain, S., Rulaniya, S. K., Hota, D., Agarwal, P., & Yadav, P. K. (2023). Purple urine bag syndrome: An unusual manifestation of urinary tract infection, our experience at a tertiary care center. Current Urology, 17(2), 125–129.
3. Al Montasir, A., & Al Mustaque, A. (2013). Purple Urine Bag Syndrome. Journal of Family Medicine and Primary Care, 2(1), 104–105. https://doi.org/10.4103/2249-4863.109970
4. Worku, D. A. (2019). Purple urine bag syndrome: An unusual but important manifestation of urinary tract infection. Case report and literature review. SAGE Open Medical Case Reports, 7, 2050313X18823105. https://doi.org/10.1177/2050313X18823105
5. Poeggeler, B., Singh, S. K., & Pappolla, M. A. (2022). Tryptophan in Nutrition and Health. International Journal of Molecular Sciences, 23(10), 5455. https://doi.org/10.3390/ijms23105455
6. What Is Tryptophan? Uses, Benefits, and Foods. (2018, January 25). Healthline. https://www.healthline.com/health/tryptophan
7. DeRon, N., & Legan, C. (n.d.). Purple Urine Bag Syndrome: A Rare and Surprising Clinical Presentation. Cureus, 15(1), e33354. https://doi.org/10.7759/cureus.33354

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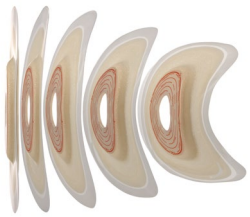

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Healthy Sleep for a Healthy Soul – Impacts for the Person with a Stoma

BY PARIS PURNELL RN STN MBA
SENIOR MANAGER, GLOBAL CLINICAL EDUCATION – APAC
DANSAC & HOLLISTER

ABSTRACT

Sleep is defined as 'the natural state of rest in which your eyes are closed, your body is inactive, and your mind does not think'1 and the Dalai Lama opines that sleep is the best meditation. Sleep is critical to our health and overall well-being but there can be significant challenges for many in obtaining the right amount of restorative sleep they require so they can function well. This is particularly challenging for the person who has a stoma, whether recently fashioned or existing longer term. This paper describes the unique set of challenges that the person with a stoma faces and explores the impacts the stoma care nurse can make in helping people adjust and obtain better sleep. Are clinicians actively asking their patients about sleep?

INTRODUCTION

Interrupted sleep and insomnia have large impacts in the general population. Within in New Zealand this impact is reported on average at 27.2%, with greater rates in the Māori population than the non-Māori population (33% & 26.4% respectively).[2]

Understandably, people face a multitude of changes and challenges when they first have surgery and stoma formation that are routinely recognised such as education, learning stoma care, taking care of peristomal skin, etc. Recently, data has been collected to understand the impacts to the person after their surgery and the impacts in relation to sleep, which is something any may not consider. Isik conducted a study in 2023 and found that sadly, sleep problems affect 64% of people with a stoma.[3] If we consider that sleeping disturbances in the general population in New Zealand is 27.2% and then factor in the compounding rates post stoma surgery, it would not be surprising to find that most people after stoma surgery could face significant hurdles regarding sleep.

This article explores newly available data incorporating real life statistics from people in New Zealand, Australia, and the UK as well as other countries. It reports on the impacts to their sleep since stoma creation at various touch points in their journey, as well as some of the management challenges with suggestions on how to overcome these.

METHODOLOGIES

Ostomy Hierarchy of Needs

In 2015, Hollister Incorporated (Libertyville, Illinois) conducted a survey to rank the nine high level needs of people with a stoma in order of importance.[4] The top 4 needs identified (in order) were leakage, skin health, ease of use, and odour.[4] However, this survey revealed some sub-needs not included in the survey. The survey was repeated in 2020 with 52 sub-needs identified.[5] 490 End Users across all surgery types from US, UK, Germany, Brazil, and China were included. The split of end users surveyed post their stoma surgery were New Fit/Beginner (0-12 months) (135), Intermediate (13-36 months) (180) and Expert (37 months+) (175). [5] This represents a reasonably broad cross-section of people in the community. End users who were surveyed used a variety of ostomy pouching system brands including Coloplast, Hollister, Dansac, Salts and ConvaTec. The top 4 needs identified in this second survey (again in order of priority) were leakage, skin health, quality of sleep, and fit.[5] Of Interest, sleep out-ranked many other concerns such as odour, comfort, pouch colour, and ballooning, etc.

Sleep Survey

In 2022, a deeper dive was taken into the issue of sleep and end users in the community were surveyed with 15 questions to end users being posed.6 All ostomy types and manufacturers were allowed, and individuals were recruited via 3 sources – transition support programs, dealers/distributors of ostomy products, and ostomy support groups. Participation was entirely voluntary, and no compensation was provided. 597 people from New Zealand, Australia, and the UK completed the survey. Questions were in relation to a time frame of within the last 4 weeks. This data was compiled and summarised in 2023.[7]

Some key questions and answers are summarised in Table 1.

Table 1:

Question	Responses
How often is your sleep impacted due to your ostomy pouching system?	63% of the time sleep is disrupted
In the last month (30 days), how much were you bothered by sleep disturbances related to living with an ostomy pouching system?	27% said severely disrupted 71% said somewhat disrupted Only 2% were not disrupted
How would you rate your overall quality of sleep?	78% said 'Not so good'
Over the last month (30 days), which one of these events, if any, has disturbed your sleep? (Please check all that apply)	63% said pouch full and needed emptying
Over the last month (30 days), which one of these events, if any, has disturbed your sleep? (Please check all that apply)	39% said they were worried the pouch might leak or fall off
Over the last month (30 days), which one of these events, if any, has disturbed your sleep? (Please check all that apply)	44% said the pouching system leaked and required changing

IMPACTS

Sleep plays an important role in our physical health. Sleep is vital for maintaining health and healing and essential for a unique hospital experience.[8] Growth hormones for physical repair and renewal are primarily secreted with sleep. Sleep deprivation has serious impacts including decreased pain tolerance, increased immunosuppression, delayed healing, confusion, disorientation, and delusions.[8] Longer impacts include decreased performance on activities of daily living and lower physical functioning after discharge from the hospital.[8]

What should be considered is the lack of sleep from the very beginning of the patient journey. People are often fearful of the diagnosis and prospects, the hospital admission, and the surgery itself, and may be somewhat sleep deprived before they even have surgery. While in hospital the constant noise and attention can diminish the prospects of sleep further,[8] coupled with heavy medications that can make the patient experience far from restful. With such sleep deprivation, learning could naturally be assumed to be impacted. Patients often do not recall what they are taught to do and can be forgetful of simple tasks required to manage their stoma care. This can be a significant impediment to adjustment after discharge as many thought processes may be 'fuzzy' creating additional challenges.

Notably, people make changes to their sleep routines when they return home. Many of the people surveyed had to change their sleep patterns to sleep more on their side or in a horizontal position (>20%).[7] It seems logical that they are now sleeping more on their side to avoid lying on their stomach and impacting their pouching system. Sleeping on their side was most common, but what if the stoma is on the preferred sleeping side? Could that affect confidence in the skin barrier performance? People also report sleeping on the couch or a chair in around 5% of cases.[7] Could this have an impact on relationships?

Leakage has already been identified as a serious culprit for sleep disturbances and changes in sleeping patterns. If a partner was woken by leakage in the bed onto the mattress, this could create significant concerns for both and possibly rejection. Of note, people with an ileostomy are four times more likely to have interrupted sleep as they are more likely to have leakage.[3] They are also waking and emptying and/or changing the pouch twice during the night.[3] The challenges with high output stomas are often even greater. Additionally, urostomies also effect the person's sleep.[9] In an article by Furukawa, they were found to have lower quality of life scores.[9] Their study of 86 patients found that 64% had experienced leakage at night causing disruption, and acknowledged further investigation was needed on other reasons for disturbed sleep with a urostomy.[9]

Clearly, people with more liquid output face unique challenges as this liquid output challenges the skin barrier. This is for people with a urostomy and ileostomy, however, people with a colostomy can also experience leakage, particularly if there is an infective process in place or adjuvant therapies such as chemotherapy are introduced. The nature of the output can help the clinician navigate proactive solutions to mitigate the impacts of leakage or sore skin. If peristomal skin is compromised, individuals are 1.5 times more likely to have interrupted sleep.[10] This is yet another compounding factor creating further impacts to a person's adaptation to life with a stoma.

INTERVENTIONAL OPPORTUNITIES:

Pouching System Considerations

Each stoma and peristomal plane are unique, like a fingerprint, and as such some form of personalisation/customisation of pouching systems is frequently required to help optimise a secure skin seal and support skin health. Given the liquid nature of the stoma output results in frequent leakage, consider a skin barrier with high absorption to manage excess moisture, as well as some form of convexity with a barrier ring/seal. Recent evidence supports the use of convexity with liquid output.[11] Consider the use of ostomy belts to increase the depth and convexity to aid stomal protrusion.[12] Additionally, barrier rings/seals in conjunction with convexity can also reduce the prospect of leakage.[13]

Additional systems may be required such as night drainage collectors or leg bags to help minimise strain on the pouch seal from the weight of a full pouch. Depending on the nature and volume of the output, high output pouches might be more suitable for some people. Mattress protectors should also be considered as the laundering of bed linens, bedding, and mattresses can be expensive.

Schedule review and assessment at regular intervals to assess not only the pouching system, but other concerns to be considered.

Medications & Dietary Considerations

Bringing forward the evening meal to an earlier time rather than eating later so as not have the pouch filling overnight may be advisable. This will depend on individual assessment and other specific requirements such as diabetes. Reduced fibre intake to reduce peristaltic stimulation overnight may also be considered.

Medications such as loperamide may be prescribed at bedtime as well depending again on assessment and patient requirements. Other anti-diarrhoeal medications may assist in reducing gastric motility and frequency of pouch emptying. Thickening agents may also help reduce highly liquid stool in the pouch. Many of these considerations will all depend on individual patient assessment and review. Note, these have no impact on urostomy output which will always be urine.

Psychological & Wellbeing Support

During scheduled patient reviews, there are opportunities to discuss other challenges that are not purely physical. While it is natural to be tired after surgery, sleep quality can be greatly impacted. Sometimes people will assume lack of sleep is the new norm like experiencing peristomal skin complications are to be expected. There are means to remedy this misconception. Seeking out information through active questioning and listening, whether the person with a stoma, their partners, or the parents of children with a stoma, are coping with sleep is an important exercise. Question if there are positional changes affecting sleep, if people are sleeping in separate rooms, or if the person with the stoma finds they can only sleep upright in a chair for fear of leakage. Determine the quality of sleep they are having once the pouching system and other methods of management have been addressed as they may be the chief causes of their sleep disturbances. Consider how these changes in sleep patterns may have profound consequences on physical and emotional well-being as well as contributing to social isolation.

CONCLUSION/SUMMARY:

Restorative sleep, which is critical for physical and emotional well-being can often be taken for granted in the general population. People after stoma surgery face unique sets of challenges and as described, experience significant hurdles obtaining this restorative sleep. Actively sourcing the right pouching system, and proactively discussing sleep with clinical review can go a long way in improving a person's quality of life after stoma surgery. As part of holistic care, sleep should be a critical discussion point by the clinician to help ensure optimised outcomes for the person with a stoma.

REFERENCES:

1. Collins Dictionary, https://www.collinsdictionary.com/dictionary/english/sleep#google_vignette, Accessed June 2023.
2. Paine, SJ, Gander, PH, Harris, RB & Reid, P 2005, 'Prevalence and consequences of insomnia in New Zealand: disparities between Māori and non-Māori', Australian And New Zealand Journal Of Public Health, vol. 29 no. 1, pp. 22-28.
3. Isik, A, Balanuye, B, Erturk, E, et al., 2023, 'Sleep Problems in Individuals With Intestinal Stomas and determining the Quality of Sleep', Journal Wound Ostomy Continence Nursing, vol. 50, no. 1, pp. 39-46.
4. 'Quantitative Ostomy User Needs Research', 2015, Hollister Incorporated, Data on File, ref-00792 2015.
5. 'Quantitative Ostomy User Needs Research', 2020, Hollister Incorporated, Data on File, ref-02504 2021.
6. 'Hollister Sleep Survey', ANZ & UK, 2023, Hollister Incorporated, Data on File, ref-03653 2023.
7. 'Importance of Sleep Summary', Hollister Incorporated, Data on File, ref-03209 2023.
8. Dubose, J & Hadi, K 2016, 'Improving inpatient environments to support patient sleep', International Journal for Quality in Health Care, vol. 28, no.5, pp. 540–553.
9. Furukawa, C & Morioba, I 2017, 'Health Related Quality of Life and sleep Disorders in Patients with a Urostomy', Journal Wound Ostomy Continence Nursing, vol. 44, no. 4, pp.358-362.
10. 'Ostomy Sleep Survey Results', 2022, Hollister Incorporated, Data on File, ref-02989 2022.
11. Hoeflok, J, Salvadalena, S, Pridham, S, Droste, W, McNichol, L & Gray, M 2017, 'Use of convexity in ostomy care – Results of an international consensus meeting', Journal Wound Ostomy Continence Nursing, vol. 44, no. 1, pp. 55-62
12. Cobb, T, Depaifve, Y, Quigley, M, McNichol, L & Smitka, K 2021, 'Characteristics of Convex Skin Barriers and Clinical Application- Results of an International Consensus Panel' - Journal Wound Ostomy Continence Nursing, vol. 48, no. 6, pp. 524-532.
13. Sánchez, MB, Callejón, VAL, Puyuelo, IO, Vázquez, MR, Burrero, LV & García, E 2024, 'The use of a convex light appliance and mouldable rings for patients with an ostomy and effluent leakage in the early postoperative period', Gastrointestinal Nursing European Wound, Ostomy and Continence Supplement, vol. 22, sup. 4, S14-S24.

Writing in The Outlet

PURPOSE

The Outlet is the journal representing the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN), and has a strong focus on the specialty nursing area of Stomal Therapy. Local input is encouraged and supported. The editors of The Outlet are appreciative of the opportunity to assist and mentor first time publishers or to receive articles from more experienced writers. The guidelines below are to assist you in producing a clear, easy to read, interesting article which is relevant.

The main goal of writing for the Outlet is to share research findings and clinical experiences that will add value and knowledge to clinical practice of others. The essence of writing for The Outlet is a story or research study, told well and presented in a logical, straight forward way.

Readers of The Outlet are both generalist nurses and specialist Stomal Therapists. Articles should be focused on what a nurse/patient does; how a nurse/patient behaves or feels; events that have led to the situation or on presenting your research methodology and findings. Linking findings to practice examples often increases comprehension and readability. Addressing questions related to the who, what, why, when, where, and/or how of a situation will help pull the article together.

GUIDELINES

Writing Style
Excessive use of complicated technical jargon, acronyms and abbreviations does not add to the readability of an article and should therefore be avoided if possible. Short sentences rather than long running ones are more readable and generally promote better understanding. The Outlet has a proofing service to assist with spelling, grammar etc.

Construction of the Article
It may help in planning your article if you bullet point the key concepts or points, format a logical paragraph order and then write the article from that plan.

Article Length
There are no word limits for publishing in The Outlet. First time writers may like to limit themselves to 2500-3000 words which is approximately three published pages.

Photographs, Illustrations, Diagrams, Cartoons
These are all welcome additions to any article.
Please email these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

Copyright
The NZNOCSTN retains copyright for material published in The Outlet. Authors wanting to republish material elsewhere are free to do so provided prior permission ivs sought, the material is used in context and The Outlet is acknowledged as the first publisher. Manuscripts must not be submitted simultaneously to any other journals.

Referencing
The preferred referencing method for material is to be numbered in the body of the work and then to appear in the reference list as follows:

1) North, N.& Clendon, M. (2012) A multi-center study in Adaption to Life with a Stoma. Nursing Research 3:1, p4-10

Most submitted articles will have some editorial suggestions made to the author before publishing.

Example Article Format Title
As catchy and attention grabbing as possible. Be creative.

Author
A photo and a short 2-3 sentence biography are required to identify the author/s of the article.

Abstract
Usually a few sentences outlining the aim of the article, the method or style used (e.g. narrative, interview, report, grounded theory etc.) and the key message of the article.

Introduction
Attract the reader's attention with the opening sentence. Explain what you are going to tell them and how a literature review must be included.

Literature Review
If publishing a research paper.

Tell Your Story
Ask yourself all these questions when telling your story. Who was involved, history of situation, what happened, your assessment and findings, why you took the actions you did and the rationale for these? Your goals/plan. The outcome. Your reflection and conclusions. What did you learn? What would you do differently next time?

Remember there is valuable learning in sharing plans that didn't achieve the goal you hoped for.

Patient stories are a good place to start your publishing career and nurses tell great stories. As editors we encourage you to experience the satisfaction of seeing your work in print and we undertake to assist in every way that we can to make the publishing experience a good one.

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines

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As proud supporters of professional nursing education in ostomy care, Coloplast ANZ are pleased to announce the Patricia Blackley Postgraduate Education Scholarship Program. These scholarships honour the pioneering work of Patricia Blackley as a clinician, educator, author, and journal editor in stomal therapy nursing.

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Closing Date: September 30th 2024

Bernadette Hart Award

Section members may make application annually for the Bernadette Hart Award. The award is for conference or course costs. See full history of award on NZNOCSTN web site.

Applications close on 30 November annually.

Policy for Bernadette Hart Award

PROCESS

- The Bernadette Hart Award (BHA) will be advertised in the NZNOCSTN Journal The Outlet
- The closing date for the BHA applications is 30 November each year
- The NZNOCSTN Executive Committee will consult and award the BHA within one month of the closing date
- All applicants will receive an email acknowledgement of their application
- All applicants will be notified of the outcome, in writing, within one month of the closing date
- The monetary amount of the award will be decided by the NZNOCSTN Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund
- The name of the successful applicants(s) will be published in the NZNOCSTN Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.

CRITERIA

- The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

FEEDBACK

- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA

and/or

- Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO College of Stomal Therapy Nursing (NZNOCSTN) for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

APPLICATIONS CLOSE 30 NOVEMBER (ANNUALLY)

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• Outline the relevance of the proposed use of the award to Stomal Therapy

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Have you been a previous recipient of the Bernadette Hart award within the last 5 years? ◯ No
◯ Yes (date) _____

Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

◯ Yes I will be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

◯ Yes I will be presenting at the next National Conference of NZNOCSTN.

Signed: _____
Date: _____

The Outlet

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